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SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02)form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden

SEC USE ONLY					
Prefix		Serial			
DAT	E RECEI	VED			

OCT 16 2003

THOMSON FINANCIAL

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Wentworth Village LLC Filing Under (Check box(es) that

apply):

[] Rule 504 [X] Rule 505 [] Rule 506 [] Section 4(6)

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.

Wentworth Village LLC

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

1101 North Fountain Avenue, Springfield, Ohio

45504

(937) 885-0075

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

N/A

Brief Description of Business

Real estate acquisition, development and sale



***************************************	*****		********	***************************************	************************		······
Type of Business Organization							
[] corporation	[] limited partnership, a	Iready fo	rmed		ease specify):	
[] business trust	[limited partnership, to be formed				ility company, formed	
			Month	Year			
Actual or Estimated Date of Inco	гро	ration or Organization:	[0]6]	[0]3]	[X] Actual	[] Estimated	
Jurisdiction of Incorporation or O	rga	inization: (Enter two-lett CN for Canada; F i				on for State: [O] [H]	
www	****						*****

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X]	General and/or Managing Partner
			***************************************	Parmer
Full Name (Last name	•			
Crosstowne :	Properties, Ltd.		************************************	*****************************
	ce Address (Number and Street,	• • • • • • • • • • • • • • • • • • • •	•	
1101 North	Fountain Avenue, Springf	ield, Ohio 455	04	*****************************
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X]	General and/or Managing Partner
Full Name (Last name	e first, if individual)			
Drumheller	Development, LLC			
Business or Residence	e Address (Number and Street,	City, State, Zip Coo	ie)	
3858 Sulphu	r Spring Road, Toledo, (Ohio 43606		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last name	e first, if individual)			•
Boice, Step	hen C.			
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	le)	
4161 River	Road, Toledo, Ohio 4361	14		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer		General and/or Managing Partner
Full Name (Last name	first, if individual)			
Cherubini,	Richard H.			
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)	
9922 Arn Dr	ive, Dayton, Ohio 4545	8		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer		General and/or Managing Partner
Full Name (Last name	first, if individual)	······································		
Crossley, C	•			
***************************************	e Address (Number and Street,	City, State. Zip Cod	e)	***************************************
	Fountain Avenue, Spring	• • • •	•	
Check Boy(es) that	[] Promoter [] Beneficial	ly Evecutive	[v] Director []	

Apply	: :				Owne	er	Of	ficer			Mana Partn	
Full N	ame (Las	st name	first, if i	ndividua	al)	*************	**************	************	***************************************	***************************************	**********	
***********	Drumh	eller	, John	D., J	r.							
Busin	ess or Re	esidence	e Addre	ss (Num	ber and	Street, (City, Sta	e, Zip C	ode)			
************	3858	Sulphu	ır Spr	ing Ro	ad, To	ledo,	Ohio (43606	^*****	******************		
Chec Apply	k Box(es)) that	[] Pro	omoter [X] Benet Owne	ficial r		ecutive īcer	[]	Director	[] Gene Mana Partn	
Full N	ame (Las	st name	first, if i	ndividua	al)	*****************	**************	**********	************	***************************************		
	Stewa	rt, Th	nomas	S.								
Busine	ess or Re	sidence	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip C	ode)	************	*************	
***********	1385	Founta	aine D	rive,	Columb	ous, Oh	io 43	221	·····	.,		
	(1	Use bla	nk she	et, or co	py and	use add	litional	opies o	f this sł	neet, as n	ecessai	y.)
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				E	3. INFOR	RMATIO	N ABOU	T OFFE	RING			
	s the issung?	ier sold,								tors in thi		es No] [X]
2. Wh	at is the	minimuı			٠,	ndix, Co e accepte		_		JE. 	\$	25,000_
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Full Na	ame (Las	t name	first, if i	ndividua	l)	••••••		••••••	•••••	······································		·····
	ess or Re											
Name	of Assoc	iated Br	oker or	Dealer						*************************		
(Che	in Which	States'	or che	eck ind	ividual	States)			[] All S	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]

Each general	and managing partner of partne	rship issuers.	
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nam	,	***************************************	
Drumheller	, John D., Jr.	***************************************	······································
Business or Residen	ce Address (Number and Street	, City, State, Zip Co	de)
3858 Sulphu	ır Spring Road, Toledo,	Ohio 43606	***************************************
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Drumheller,	, Mark C.		
Business or Residence	ce Address (Number and Street,	City, State, Zip Cod	de)
6359 Winter	Run Drive, S.E., Aga,	MI 49301	
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
•	John D., Sr.		
***************************************	e Address (Number and Street,	City, State, Zip Cod	le)
The Fountai	n - C-216, 114 Hayes Mi	11 Road, Atco,	NJ 08004
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	e first, if individual)	***************************************	
Williams, J	ames W.		
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)
133 Walnut	Drive, Kalida, OH 4585	3	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual)		
Business or Residenc	e Address (Number and Street,	City, State, Zip Cod	e)
Check Box(es) that	[] Promoter [] Beneficial	[] Executive	[] Director [] General and/or

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Aggregate Amount Aiready Offering Price Sold
Debt\$_	\$
Equity \$_	<u> </u>
[] Common [] Preferred	
Convertible Securities (including warrants)\$_	\$
Partnership Interests\$_2	<u>450.000</u> \$ 450.000
Other (Specify). \$	\$
Total\$_2	450,000 \$ 450,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who
have purchased securities in this offering and the aggregate dollar
amounts of their purchases. For offerings under Rule 504, indicate the
number of persons who have purchased securities and the aggregate
dollar amount of their purchases on the total lines. Enter "0" if answer is
"none" or "zero."

"none" or "zero."		
Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 450,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		·
Type of offering Rule 505	Type of Security	Dollar Amount Sold \$
Regulation A		\$ \$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees Printing and Engraving Costs Legal Fees	[]	\$ \$ \$ 1,000
Accounting Fees		
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		\$
Total		\$ 1,000
b. Enter the difference between the aggregate offering price given in response	onse to Part C	

b. Enter the difference between the aggregate offening price given in re - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of mach and equipment Construction or leasing of plant buildings and facility	hinery ties	Payments to Officers, Directors, & Affiliates [X] \$ 144,000 [] \$ [] \$ [] \$ [] \$ []	Payments
Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	d in suer	[] \$	[] \$
Repayment of indebtedness		[] \$	[] \$
Working capital		·	\$ 5,000
Other (specify):		\$	[] \$ [] \$
Total Payments Listed (column totals added)		\$	\$,000
D. FEDERAL	_ SIGNATURE		
The issuer has duly caused this notice to be signed by the led under Rule 505, the following signature constitutes securities and Exchange Commission, upon written requiring non-accredited investor pursuant to paragraph (b)(2)	an undertaking by the issu- uest of its staff, the informa	er to furnish t	o the U.S.
ssuer (Print or Type)	Signature	Date	
Wentworth Village LLC	A Wel	9 j	10-08-03
Name of Signer (Print or Type)	Title of Signer (Print or Typ		T 1
Craig A. Crossley	Member of Crosstown Managing Member	e Propert	ies, Ltd.,
ATTE	NTION		
Intentional misstatements or omissions of fac		nal violation	s. (See 18

n.	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Name of Signer (Print or Type)	Title (Print or Typ	e)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

						5			
	Type of security						Disqualification under State ULOE		
Intend to sell and aggregate							(if yes, attach		
							explanation of waiver granted)		
Item 1)	(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)			
		Number of	1	Number of					
No					Amount	Yes	No		
	in State Item 1)	in State offered in state (Part C-Item 1)	in State offered in state are are (Part C-Item 1) Number of Accredited	in State offered in state amount puttern 1) (Part C-Item 1) (Part Number of Accredited	in State offered in state (Part C-Item 1) (Part C-Item 2) Number of Accredited Non-Accredited	in State offered in state amount purchased in State (Part C-Item 1) (Part C-Item 2) Number of Accredited Non-Accredited	in State offered in state amount purchased in State waiver grant (Part C-Item 1) (Part C-Item 2) (Part E-Item 2) Number of Accredited Non-Accredited Non		

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